

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	VF		2-10-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	OB	535	08-30-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	7/26/03 3/19/04
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30	N N
31	
32	
33	
34	
35	
36	N N
37	✓ ✓
38	✓ ✓
39	✓ ✓
40	✓ ✓
41	✓ ✓
42	✓ ✓
43	✓ ✓
44	✓ ✓
45	✓ ✓
46	✓ ✓
47	✓ ✓
48	✓ ✓
49	✓ ✓
50	✓ ✓

Claim	Date
Final Original	7/26/03 3/19/04
51	✓ ✓
52	✓ ✓
53	✓ ✓
54	✓ ✓
55	✓ ✓
56	✓ ✓
57	✓ ✓
58	✓ ✓
59	N N
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67	N
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76	N N
77	✓ ✓
78	✓ ✓
79	✓ ✓
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81	✓ ✓
82	✓ ✓
83	✓ ✓
84	✓ ✓
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Claim	Date
Final Original	
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If more than 150 claims or 10 actions  
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